

# **THEATRICAL BOOKING AGENTS, PERSONAL AGENTS AND MANAGERS LICENSE**

## **RENEWAL INSTRUCTIONS**

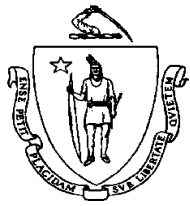
### **Description**

The Theatrical Booking Agency license is a requirement in the Commonwealth under Ch.140 of the general code. This license entitles the applicant to conduct business as a theatrical booking agent, personal manager as set-forth in chapter 140 of the state general code.

This license is valid for two consecutive years, renewable two years from the date of issuance.

### **Applicant must submit the following:**

- 1: a completed Theatrical Booking Agents application.
- 2: a surety bond in the amount of \$1000.00, payable to the Treasurer of the Commonwealth of Massachusetts.
- 3: a “signed” Cori request form.
- 4: a “Business Certificate” and Articles of Corporation if location changes.



# THE COMMONWEALTH OF MASSACHUSETTS

## DEPARTMENT OF PUBLIC SAFETY

PLEASE SUBMIT APPLICATION TO:  
**ONE ASHBURTON PLACE, ROOM 1301, BOSTON, MASSACHUSETTS 02108**

Renewal - Theatrical Booking Agent, Personal Agent and Manager fee \$375.00

All Fees Are Nonrefundable

**Please provide a legible copy of a government issued identification (ex; drivers license) bearing your photograph.**

Applicant Information:

Date: \_\_\_\_\_

Name \_\_\_\_\_

Residence \_\_\_\_\_

(Street/Number)

(City/Town)

(Zip Code)

(Telephone No.)

Business Name \_\_\_\_\_ E-Mail Add. \_\_\_\_\_

Business Address \_\_\_\_\_

(Street/Number)

(City/Town)

(Zip Code)

(Telephone No.)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_

Father's Full True Name \_\_\_\_\_

Please Complete the Following:

Have you registered your business name in accordance with C 110, S.5, Mass General Laws? \_\_\_\_\_

Are you engaged in representing an agency outside the Commonwealth \_\_\_\_\_ If so, give name and address of any such individual or outside agency.

I certify under the penalties of perjury that I have complied with all laws of the Commonwealth relating to taxes (chapter 62C, S.49A)

By: \_\_\_\_\_  
Signature of Individual or Corporate Name Corporate Officer (if applicable)

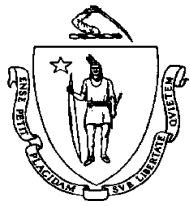
Social Security Number of Individual

Federal Identification Number

☐ (OPTIONAL)

Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other _____	



**THE COMMONWEALTH OF MASSACHUSETTS**  
**DEPARTMENT OF PUBLIC SAFETY**

PLEASE SUBMIT APPLICATION TO:  
**ONE ASHBURTON PLACE, ROOM 1301, BOSTON, MASSACHUSETTS 02108**

GDPSLU  
G

**CORI REQUEST FORM**

Massachusetts Department of Public Safety-Division of Regulated Activities has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE